

# POLICY SET UP QUESTIONNAIRE

|                     |   |
|---------------------|---|
| Policy Name*:-      | Institution Name <u>Ideal Institute of Pharmacy Wada.</u> |
| Policy No*:-        |   |
| MO Name & EMP ID*:- | 99915   |
|                     |   |

## I (a) Payment Matrix:-

|   |  |                  |
|---|--|------------------|
| 1 | In case of Reimbursement claim, payment in Employee /Corporate Name(Payee Name)*:- | Institution Name |
| 2 | Mode Of Payment* : Cheque /EFT:-   | EFT              |
| 3 | Frequency of Payment: Daily/Weekly/Monthly   | Daily            |

\*\*If Payment is to be made to the member, ONLY Cheque will be issued in the Name of the Self member for Self covered policies and in the name of the proposer for self not covered policies.

4. If the payment mode is Cheque, please furnish following details:-If the HR does not want any mails to be sent to HR, then the RM may not fill the details but in case if CF is applicable in Policy then the HR Details are mandatory as we have a separate tab to enter the details of the HR (Name, Email ID and phone No)

|      |  |  |
|------|--|--|
| i)   | Cheque Dispatch Address with pin code & Contact Person as per Policy or any other Address with pin code* | This is for refund purpose. So the college has to decide whether the refund amount will be credited into their account and they will give to students or they want the insurance companies o directly pay ot to the students. So if college, then college details and if students then they have to give students details. |
| ii)  | HR Name/ Broker Name*  | Regional Manager Name  |
| iii) | Contact No:- *   |  |
| iv)  | Email ID:- *   |  |

\*\* In case a payment needs to be dispatched to ICICI Lombard Branch Office then please provide mail approval from NSM/VP and U/W Head.

5. If payment mode is Electronic Fund Transfer (EFT), please furnish following details:

|       |                              |   |
|-------|------------------------------|---|
| i)    | Bank Name:- *                | Either student/college abnk details for refund. Totally depends on college. |
| ii)   | Account Number:- *           | NA  |
| iii)  | Branch Name:- *              | NA  |
| iv)   | IFSC Code:- *                | NA  |
| v)    | Cancelled Cheque copy:- Y/N* | NA  |
| vi)   | PAN copy:- Y/N*              | NA  |
| vii)  | Mandate form received:- Y/N* | NA  |
| Viii) | HR Name*                     | NA  |
| ix)   | Contact No:- *               | NA  |

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|    |            |    |
|----|------------|----|
| x) | Email Id*: | NA |
|----|------------|----|

### II (a) Network Booklets Matrix:-

|   |  |    |
|---|--|----|
| 1 | Do you Require Network Booklets(Y/N) *:- | NA |
|---|--|----|

\*\*If yes, please provide NSM/VP and U/W Head Approval.

### II (b) Physical Card Dispatch details - If mentioned in policy copy:

|   |  |  |
|---|--|--|
| 1 | Please Provide Cards Dispatch address as Per policy or any other address with pin code | If more than 500 lives physical cards will be sent. So the college address |
| 2 | Any other details for card printing:-  | NA   |

### III (a) Communication Matrix for Query/Rejection Letters:-

|   |   |           |
|---|---|-----------|
| 1 | Form of Communication: Soft Copy only/Physical Document only/Both/Not Required                            | SOFT COPY |
| 2 | If Physical Documents*: Recipient Name, Contact Number & Recipients complete Postal Address with pin code | NA        |

3. If Soft Copy\*: E-Mail IDs & Mobile No's (Along with the concerned who should be kept in Loop).

| Recipients | Email id   | Mobile no                    |
|------------|--|------------------------------|
| Corp Hr    | Institution Mail ID <i>Principal @ idealpharmacy.co.in</i> | College id <i>7976244046</i> |
| Sub Hr     | Institution Mail ID <i>Principal @ idealpharmacy.co.in</i> | College id <i>7887723249</i> |
| Broker     | Broker Mail ID   |                              |
| RM         | ICICI  |                              |

(b) Communication Grid\* (kindly select the relevant event to be triggered) if required. If not selected, same will be ignored.

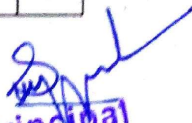
| Claim Type | Communication Events | Communication Recipients |      |              |      |         |      |         |      |         |      |
|------------|----------------------|--------------------------|------|--------------|------|---------|------|---------|------|---------|------|
|            |                      | Insured                  |      | Corporate HR |      | Sub HR  |      | Broker  |      | RM      |      |
|            |                      | Email I                  | SM S | Email        | SM S | Email I | SM S | Email I | SM S | Email I | SM S |
| Cashless   | Inward Generation    | N                        | Y    | N            | N    | N       | N    | Y       | Y    | Y       | N    |
|            | AI Registration      | N                        | Y    | N            | N    | N       | N    | Y       | Y    | Y       | N    |
|            | AI Approval          | N                        | Y    | N            | N    | N       | N    | Y       | Y    | Y       | N    |
|            | AI Query             | N                        | Y    | N            | N    | N       | N    | Y       | Y    | Y       | N    |
|            | AL Rejection         | N                        | Y    | N            | N    | N       | N    | Y       | Y    | Y       | N    |

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|                   |                   |   |   |   |   |   |   |   |   |   |   |
|-------------------|-------------------|---|---|---|---|---|---|---|---|---|---|
|                   | AI Fax sent       | N | Y | N | N | N | N | Y | Y | Y | N |
| Re<br>imbursement | Inward Generation | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | CL Registration   | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | CL Approval       | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | CL Query          | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | CL Rejection      | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | Payment           | N | Y | N | N | N | N | Y | Y | Y | N |
|                   | Cheque Dispatch   | N | Y | N | N | N | N | Y | Y | Y | N |

  
Principal  
Ideal Institute of Pharmacy  
Wada, Palghar